

BANK FACT SHEET

K-WC 20 (Rev. 6-12)

Date: _____

Name of requesting self-insured company(ies): _____

Name of parent bank: _____

(If parental relationship exists, PROVIDE ULTIMATE PARENT DATA ON THIS FACT SHEET AS WELL AS ULTIMATE PARENT FINANCIALS.)

Bank name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Contact name: _____

Phone number: _____

Financial summary as of: _____

Equity: _____ Cash and due from bank: _____

Deposits: _____ Securities: _____

Loans/Discounts: _____ Total Assets: _____

Operating Ratios:

ROA: _____

ROE: _____

Loan loss provision/Average loans: _____

Net losses/Average loans: _____

Loan loss reserve/Year-end loans: _____

Loan loss reserve/Non-performing assets: _____

Ratings:

Thompson Bank Watch: _____

Standard & Poors: _____

Moody's: _____

Sheshunoff: _____

Capital Adequacy:

Capital to weighted risk assets: _____

Percent of core capital (Tier 1): _____

Attach a copy of the annual report or call report.

Authorized signature: _____

Type name and title: _____